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Our Public Health History in Florida: Interview with Laurence G. Branch

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Laurence G. Branch, PhD became the third Dean of the University of South Florida College of Public Health, and served in that capacity from 2002 to 2003. Before coming to USF he was a Research Professor at Duke University's Center for the Study of Aging and Human Development (1995-2002), and also the Director of Duke's MD-MPH Program and Director of its Long-Term Care Research Program. He also has held faculty appointments at Harvard Medical School and Harvard School of Public Health (1978-1986), at Boston University School of Medicine (1986-1996), and an adjunct appointment at Tufts University School of Medicine (1984-1992). He contributes regularly to the health policy field as evidenced by his more than 150 articles in peer-reviewed journals and over 50 book chapters and monographs. He currently is the co-editor of the Journal of Aging and Health. Formerly, he was editor-in-chief of The Gerontologist. He is a member of the editorial boards of two other professional journals, and reviews for several additional scholarly publications. The Gerontological Health Section of the American Public Health Association honored him in 2003 by naming the annual award for best doctoral research, the Laurence G. Branch Student Research Award. Dr. Branch's research responsibilities past and present include being Director of the Massachusetts Health Care Panel Study (1974-present), Director of the Disability Sub-study of the Framingham Heart Study (1976-1980), and a co-investigator of the East Boston EPESE study for the National Institute on Aging (1982-1989). He also was responsible for the evaluation of the On Lok replications (1991-1995). His experiences in government and in the health care industry are also extensive. This interview took place between April 3, 2005 and May 8, 2005.

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RJM: *You were selected from a national search as the USF COPH's third-ever Dean. What was attractive to you about USF and what got you interested in becoming the Dean of the USF COPH?*

LGB: What caught my interest first was the boundless enthusiasm and vibrant approach of the students in the COPH whom I had met a couple of years before the position became available. One of my primary goals as Dean was to make the USF COPH the kind of place that I would like to have been at as a graduate student. During the interview process I learned how committed the President and the Provost were to raising the stature of USF, including the COPH, to a respected *Research I* university. Given my long association with first-rate *Research I* institutions, I was eager to provide leadership to the faculty in what it takes to be successful in that kind of a setting.

RJM: *Although you were not in the Dean's position for a long time, you started a process of getting the USF COPH engaged and activated. What new perspective did you try to bring?*

LGB: I tired to apply the principles that I have seen work effectively in other schools of public health. At first I was struck by the observation that none of the associate deans, assistant deans, or department chairs who were in place as I arrived had ever had a full-time academic appointment in any other school of public health. So clearly, there was a lot of mutual education that needed to occur. I tried to instill the perspectives of openness, collegiality, effectiveness, efficiency, respect, and consistency.

RJM: *You spent all of your previous academic life in private institutions. What does a state institution like USF have that offers it a favorable position? What about disadvantages?*

LGB: The major intrinsic difference between public and private *Research I* universities is the funding. As we are all well aware, tuition at any school does not usually cover the costs of education. Fortunately for public universities, their state legislatures try to fund the whole cost of education, and many states are quite successful at this endeavor. I want to hasten to add, however, that the costs of research in *Research I* settings are typically not part of the commitment of state legislatures. Therefore, researchers must find external funding for their research. At the private *Research I* universities, the full cost of education is often the joint product of tuition, endowment, other philanthropy and gifts, and the direct supports provided by funded research. In this context, a public *Research I* university like USF


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is greatly advantaged by funds from the state legislature. But, as a new *Research I* institution, USF is disadvantaged by the lack of history, firm infrastructure, and a culture of competing for externally funded grants and contracts.

RJM: *Your interest is in aging research, particularly health services. Speak to this research and its importance in the future of public health.*

LGB: During the 20th century, life expectancy increased from 47 years to 77 years. At the beginning of the 20th century, clusters of eminently preventable infectious diseases accounted for over 33% of mortality. By the end of the 20th century, those same preventable infectious diseases were prevented, and accounted for less than 3% of mortality. By avoiding causes of preventable premature mortality, people live longer. At present, heart/vascular diseases and cancers account for nearly two out of three deaths in the United States. A large proportion of heart/vascular disease and cancer mortalities are preventable. We can expect over the next 50 years that life expectancy will increase even more as the preventable heart/vascular disease and cancer mortalities are indeed prevented. What will people who have avoided the premature mortality due to infectious diseases, cardiovascular diseases, and cancer die from in the year 2050? What can the individual do to increase the likelihood that the increased years of life that she or he gains will be years of vitality and vigor? This perspective and this question is why I have enjoyed my career in gerontology so far, and remain excited about its future importance in public health.

RJM: *Although you have been in Florida only about three years, what do you forecast for Florida's future in public health and the greatest public health needs of the state?*

LGB: ELDERS! ELDERS! ELDERS! Not only is the world aging (i.e., life expectancy is increasing worldwide), and not only are the developed countries aging, and not only is the United States aging, but Florida, in particular, is aging. Not only are the causes of global and national aging also operating in Florida, but we are also the beneficiaries of in-migration of elders. Florida has a wonderful opportunity to develop model programs for the care of elders once they become frail and are no longer self-sufficient.

RJM: *What has public health accomplished in the past 20-25 years that stands out in your mind? Thinking at the national level, what challenges do you foresee for the public health workforce in the next decade or so? What can schools and colleges of public health do to help shape the proficiency of public health practice?*

LGB: If you will allow me more of a 30-year perspective, I always like to go back to some of my early days as a faculty member at Harvard Medical School and Harvard School of Public Health when the conventional wisdom about blood pressure was that 100 plus your age was optimal. This is a classic example of mistaking "usual aging" with "optimal aging." It also reflects how little we knew about maximizing cardiovascular function just 30 years ago. I think that our current understanding of neuronal/cognitive functioning is as rudimentary as our understanding of cardiovascular functioning 30 years ago. I have every expectation that current public health researchers will unlock the keys to maximizing neuronal and cognitive functioning in the eighth, ninth, and tenth decades of life. Our children will not only know the regimens they need to follow to maximize cardiovascular function, but also the evidence-based regimen for maximizing cognitive function.

RJM: *Is there anything that I haven't asked you about that you would like to comment on?*

LGB: The process of institutional change is fascinating. As USF grows beyond its infancy as a *Research I* school, it will be interesting to watch its development. Sometimes we will see change agents who are too far out in front (and unfortunately, that is how I view my brief tenure as Dean of the COPH). At other times, we will see members of an older guard who fail to understand and adapt to the changes occurring around them. But, most of the time, we will see continual growth and development as a *Research I* institution. Bear in mind, however, after infancy there is the relative tranquil interval of childhood, followed by the typically stormy teenage stage. Growth and development, whether it occurs in a person or in an institution, is by definition, never static. It is always changing. Institutional leadership is essential. Integrity in leadership is critical.

RJM: *Larry, with all your many commitments, I know your time is valuable. Thank you for spending some moments to look back and to prognosticate about public health at the University of South Florida.*